

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/425,088	10/22/99	709	2755	99-829

APPLICANT

HIMANSHU S. SINHA, ACTON, MA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

BEST AVAILABLE COPY

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 5
Verified and Acknowledged DJB Examiner's Initials					

ADDRESS

LEONARD C SUCHYTA  
 GTE SERVICE CORPORATION #32127  
 600 HIDDEN RIDGE  
 HQE03G13  
 IRVING TX 75038

TITLE

SERVICE LEVEL AGREEMENTS AND MANAGEMENT THEREOF

FILING FEE RECEIVED \$916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of t) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	--



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



CONFIRMATION NO. 9057

Bib Data Sheet

SERIAL NUMBER 09/425,088	FILING DATE 10/22/1999 RULE	CLASS 709	GROUP ART UNIT 2142	ATTORNEY DOCKET NO. 99-829
-----------------------------	-----------------------------------	--------------	------------------------	----------------------------------

**APPLICANTS**

HIMANSHU S. SINHA, ACTON, MA;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/15/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 5
35 USC 119 (a -d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

32127

**TITLE**

SERVICE LEVEL AGREEMENTS AND MANAGEMENT THEREOF

FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---